SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Amount Paid:	Date:	Permit #:	
75.0°	1-25 11 0 76 A	3100-11	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldco unty.org/zoning/asp)

8 14 8 14 8 14 1970 1990	tte/Zip):	Cell Cell
1.54814 ber: 1 Mailing Address (include City/State) 2.2-51-04-27-403 0000 045-04990	te/Zip):	Plumber Phone: Written Authorization Attached D yes
ber: 1 Mailing Address (include City/Sto -2-S1-04-27-403 0000 045-0490	te/Zip):	Plumber Phone: Written Authorization Attached yes
City/Sta	te/Zip):	Written Authorization Attached Yes No t: (i.e. Property Ownership)
-2-51-04-27-403 0000 045-04990	Recorded Document	t: (i.e. Property Ownership)
The state of the s	Volume DCC	Page(s) 1004
Lot(s) No. Block(s) No.	Subdivision:	
	Lot Size	Acreage &
Distance Structure is from Shoreline : fee	-	perty in Are Wetlands ain Zone? Present?
Distance Structure is from Shoreline:	<u> </u>	
	111000	**************************************
af Sewer bedrooms Is an	What Type of r/Sanitary Syster n the property?	m Water
200	1 1:	City
2 د	Specif	Septic Dwell
	r 📋 Vaulted (mi	ted (min 200 gallon)
None	ervice contract)	
√ None		
7' Width: 2'		Height: /O′
Proposed Structure	Dimensions	Square ons Footage
	××	
a de la companya de	××	
Address and the state of the st	, x	
	× >	
A AND THE STATE OF		
Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)		
West Tables	×	
Barn Stonage Only		27) 648
A PARTY AND THE		
	×	
	~ ×	A CONTRACTOR OF THE CONTRACTOR
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	VALTIES a correct and complete. I (we) acknowledge that I (we)	
Section S.2.7. township S.1/4. Name D.2.4. With a Section S.2.7. township S.2.7. township S.2.7. Width: Section S.2.7. township S.2.7. Width: S.2.7.	Sewei sonta	ot Size ot

Copy of Tax Statement
Copy of Tax Statement
Property send your Recorded Deed

Owner(s): (If there ar

are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Man 29, 2014

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Address to send permit

Feet

Feet

Feet

Feet

